

## GENERATOR DESCRIPTION AND DISPOSITION OF WASTE (MUST BE FILLED IN BY PRODUCER)

A. GENERATOR OF WASTE: FACILITY NUMBER PADO05028733  
 NAME BOCYRUS-GRIE COMPANY  
 ADDRESS 1521 Raspberry Street Erie Pa 16512  
 PRODUCER ORDER NO. \_\_\_\_\_ SHIPMENT DATE 11/2/80  
 PERSON TO CONTACT D.R. WRUBLEWSKI PHONE 814-454-8006

B. DESCRIPTION OF WASTE (Mandatory) HAZARD CLASS: ORM-A NOS

SHIPPING NAME: (DOT OR EPA) METHYLENE CHLORIDE WASTE

SIC CODE	PHYS. STATE	TYPE OF CONTAINER	QUANTITY	UNIT	WASTE TYPE	PERCENT SOLIDS
<u>3531</u>	<u>2</u>	<u>2</u>	<u>1000</u>	<u>2</u>	<u>1000</u>	<u>0</u>

CODES:

PHYSICAL STATE 1 - SOLID 2 - LIQUID 3 - GAS 4 - SLUDGE  
 CONTAINER TYPE 1 - 55 GAL DRUM 2 - BULK TANK 3 - SELF CONTAINED UNITS 4 - OTHER (Specify) \_\_\_\_\_  
 UNIT 1 - CU YDS 2 - GALLONS 3 - POUNDS  
 WASTE TYPE (SEE INSTRUCTIONS) 99 - OTHER (Specify) \_\_\_\_\_

MAJOR COMPONENTS (GREATER THAN 1% CONCENTRATION)

CONCENTRATION  
Upper % Lower %

1. \_\_\_\_\_  
 2. \_\_\_\_\_  
 3. \_\_\_\_\_  
 4. \_\_\_\_\_  
 5. \_\_\_\_\_  
 6. \_\_\_\_\_

US EPA RECORDS CENTER REGION 5



463443

INDICATE IF THE WASTE CONTAINS ANY OF THE MATERIALS LISTED IN TABLE TWO.

PARAMETER NO.

CONCENTRATION

\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_  
 \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_  
 \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_  
 \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_

EMERGENCY SPILL INFORMATION

C. NAME OF HAULER CHEMICAL RECOVERY SYSTEMS INC.  
 BUSINESS ADDRESS 36345 VAN BORN ROAD, ROMULUS MICHIGAN 48174  
 NAME OF PROCESSOR SAME  
 SITE ADDRESS SAME

## D. GENERATOR CERTIFICATION:

THIS IS TO CERTIFY (OR DECLARE) UNDER PENALTY OF PERJURY THAT THE MATERIALS DESCRIBED IN PROPERLY CLASSIFIED, DESCRIBED, PACKAGED, MARKED, AND LABELED AND ARE IN PROPER CONDITION FOR TRANSPORTATION ACCORDING TO THE APPLICABLE REGULATIONS OF THE DEPARTMENT OF TRANSPORTATION, THE U.S. ENVIRONMENTAL PROTECTION AGENCY.

NAME & TITLE (please print)	SIGNATURE	DATE
<u>D.R. WRUBLEWSKI</u> <u>SUPERVISOR</u>	<u>D.R. Wrublewski</u>	<u>11-18-80</u>

Keep goldenrod copy for your records. Send pink copy to:

DEPARTMENT OF NATURAL RESOURCES, WATER QUALITY DIVISION, P.O. BOX 30028, LANSING, MI 48206

## II. HAULER OF WASTE (MUST BE FILLED IN BY HAULER)

A. NAME \_\_\_\_\_  
 ADDRESS \_\_\_\_\_  
 TELEPHONE NUMBER \_\_\_\_\_ PICK-UP DATE \_\_\_\_\_

B. HAULER JOB NUMBER \_\_\_\_\_ FACILITY NUMBER \_\_\_\_\_

C. VEHICLE LICENSE NO. \_\_\_\_\_ STATE \_\_\_\_\_

D. HAULER CERTIFICATION:  
 THIS IS TO CERTIFY UNDER THE PENALTY OF PERJURY THE WASTE DESCRIBED IN PART I/B OF THIS MANIFEST IN THE ATTACHMENT WAS ACCEPTED BY ME FOR TRANSPORTATION TO THE PROCESSING FACILITY NAMED I/C.

NAME AND TITLE (please print)	SIGNATURE	DATE
_____	_____	_____

Keep canary copy for your records.

## III. PROCESSOR OF WASTE (MUST BE FILLED IN BY TREATMENT/STORAGE/DISPOSAL FACILITY)

FACILITY NUMBER \_\_\_\_\_  
 A. NAME \_\_\_\_\_  
 ADDRESS \_\_\_\_\_  
 TELEPHONE NUMBER \_\_\_\_\_ ACCEPTANCE DATE \_\_\_\_\_

B. PROCESS METHOD:  
☐ INCINERATION ☐ RECLAMATION ☐ OTHER (Specify) \_\_\_\_\_

C. CERTIFICATION:  
 THE HAULER NAMED ABOVE DELIVERED THE WASTE DESCRIBED IN PART I/B OF THIS MANIFEST TO THIS FACILITY. IT WAS ACCEPTABLE MATERIAL FOR PROCESSING UNDER THE TERMS OF FEDERAL, STATE, AND LOCAL REGULATIONS. I CERTIFY (OR DECLARE) UNDER PENALTY OF PERJURY THAT THE FOREGOING IS CORRECT.

NAME AND TITLE (please print)	SIGNATURE	DATE
_____	_____	_____

Keep green copy for your records. Send white copy to:

DEPARTMENT OF NATURAL RESOURCES, WATER QUALITY DIVISION, P.O. BOX 30028, LANSING, MI 48206

ALL SPILLS MUST BE REPORTED TO THE MICHIGAN POLLUTION EMERGENCY ALERTING SYSTEM AT 517-373-7660, 24 HOURS AND THE NATIONAL RESPONSE CENTER AT 800-424-8802

EXHIBIT

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